

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
10/536681

FILING DATE
27 May 01

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		8		1		
5		0		1		
6		1		1		
7		0		1		
8	1		1			
9		1		1		
10	1					
11		1				
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49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	8	←	7	←	←	
TOTAL CLAIMS	11	[REDACTED]	10	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS					[REDACTED]	[REDACTED]